

Amendment After Final Rejection  
Serial No. 09/874,507

Docket No.US010386

### REMARKS

Entry of this Amendment and reconsideration are respectfully requested in view of the amendments made to the claims and for the remarks made herein.

Claims 1-3 and 5-18 are pending and stand rejected. No amendments have been made to the claims.

Claims 1-3 and 5-18 stand rejected under 35 USC 102(e) as being anticipated by Evans (USP no. 6,347,329).

Applicant respectfully disagrees with, and explicitly traverses, the reason for rejecting the claims based on the arguments made in applicant's response to the previous Office Action, which are reasserted, as if in full, herein.

The instant Office Action, in reply to the applicant's response, disagrees with applicant's argument that "Evans' fails to disclose, enabling user to create a user selected finding by entering data in said selected pre-chosen finding." The Office Action refers to col. 2, lines 35-40 as disclosing this limitation.

A reading of the referred to col. 2, lines 35-40, reveals that the system described by Evans "furnishes, healthcare provides with an intuitive, easy to use icon-based interface that enables them to capture and analyze patient data quickly and efficiently. Using the present invention, healthcare providers enter patient data immediately at the point of care. Thus, the EMR system captures each piece of data at its source at the time of entry to provide a complete audit trail for all patient data." Hence, the referred to section fails to disclose the limitation referred to above.

However, as was argued in the prior response, Evans describes a system wherein the user is provided a dropdown menu containing a list of pre-chosen codes that the physician may select and incorporate into the report. Evans teaches "to enter a diagnosis, a physician clicks on the scroll down button adjacent to the system box to produce a list of body systems. The physician selects the appropriate system and the diagnosis module enters the selected system in the system box and provides a list having specific diagnosis codes for the selected body system in the diagnosis box 334. The physician then selects

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Serial No. 09/874,507

Docket No.US010386

the appropriate diagnosis code and clicks on the add button adjacent to the diagnosis selection box."

Hence, Evan teaches that the user may enter a specific diagnosis code from a list of pre-chosen codes. And Evans does not teach that the user is able "to create a user-selected finding by entering data in said selected pre-chosen finding," as is recited in the claims.

As Evans is limited to selecting and incorporating pre-chosen finding codes and fails to provide any means to create a user-selected finding, applicant submits that the rejection of claim 1 has been overcome and can no longer be sustained. Applicant respectfully requests withdrawal of the rejection and allowance of the claim.

With regard to independent claims 8, 9, 16, 17 and 18, these claims recite subject matter similar to that recited in claim 1 and were rejected for the same reason used in rejecting claim 1. Thus, for the remarks made in response to the rejection of claim 1, which are also applicable in response to the rejection of these claims, and reasserted, as if in full, herein, applicant submits that the reason for rejecting these claims has been overcome and the rejection can no longer be sustained. Applicant respectfully requests withdrawal of the rejection and allowance of the claims.

With regard to the remaining claims, these claims ultimately depend from the independent claims which have been shown to contain subject matter not disclosed by, and, hence, allowable over, the reference cited. Accordingly, these claims are also allowable by virtue of their dependency from an allowable base claim. Applicant respectfully requests withdrawal of the rejection and allowance of these claims.


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Serial No. 09/874,507

Docket No.US010386

For all the foregoing reasons, it is respectfully submitted that all the present claims are patentable in view of the cited references. A Notice of Allowance is respectfully requested.

Respectfully submitted,  
John Vodopia  
Registration No. 36,299

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By: Steve Cha  
Attorney for Applicant  
Registration No. 44,069

**Mail all correspondence to:**  
John Vodopia, Registration No. 36,299  
US PHILIPS CORPORATION  
P.O. Box 3001  
Briarcliff Manor, NY 10510-8001  
Phone: (914) 333-9624  
Fax: (914) 332-0615